

## Case Questionnaire

(Privacy Act Release must be obtained in all cases)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number:(\_\_\_\_\_)\_\_\_\_\_

Social Security Number:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Other Claim/Case Number(if applicable):\_\_\_\_\_

Name of Claimant if other than above:\_\_\_\_\_

Address of Claimant if other than above:\_\_\_\_\_

\_\_\_\_\_

Type of Case or Complaint: \_\_\_\_\_

\_\_\_\_\_

Agency(ies) or Department(s) involved:\_\_\_\_\_

\_\_\_\_\_

Description of Case:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Note: Please be certain you print a Privacy Act form, complete, sign, and return it to the office nearest you.**